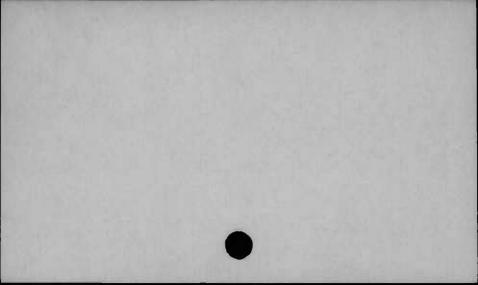
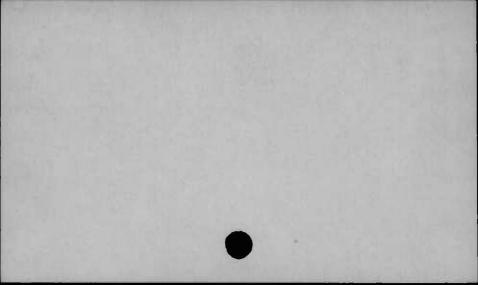
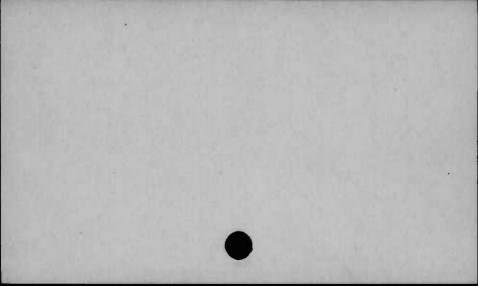
Name in Full Certificate of Death Mary Emily Bailey
Died at Salisbury Wicomico Native of Occupation U.S Date 189 Married Widow Divorced Colored Widower Number of children living Husband Wife Father's Mother's Name DENNERD B. Bailey Name Susan E. Bailey Primary Scarlatina SUEEKS Cause of Immediate /YEarx Trailure Death Accident, Su cide, Homicide Reported by Edwine U. Hasbrouck Salisbury Md. Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. TIBRARY PHOFA. . CYDER



Name in Full Certificate of Death William Brown Native of Occupation Butler Widow Widower Number of children living Husband Father's Primary Pulmonary Tuberculosis Immediate Exsanguination Accident, Suicide, Homicide Reported by Edwine Ul. Hasbrouck V Address Salis bury Md. Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister LIBRARY PERFAM. F DER



Name in Full Certificate of Death County MARYLAND Native of Occupation Divorced Colored Widower Number of children living Female Husband Wife Father's Mother's Name Name Death Aecident, Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Certificate of Death Eucles Amelia Wilkinson Occupation Date 189 8 W:dew Divorced Single - Willower Number of children living one Bulkinism Name 140, Wilkinson Father's Death **Immediate** Accident Sweden Homeide Solman Surrey County Dela Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. TIBRADY BUDGATT ANGED

